



PATENT
455610-2610.1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

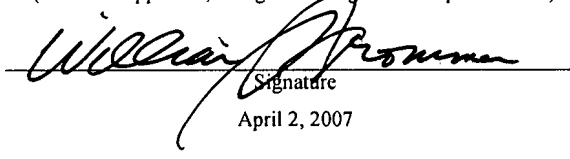
Applicant : Martin MILLER
Serial No. : 10/688,661
Filed : October 17, 2003
For : METHOD AND APPARATUS FOR DETERMINING
INTER-SYMBOL INTERFERENCE FOR ESTIMATING
DATA DEPENDENT JITTER
Examiner : WARE, Cicely Q.
Art Unit : 2611
Confirmation No. : 1207

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 2, 2007.

William S. Frommer, Reg. No. 25,506

(Name of Applicant, Assignee or Registered Representative)


Signature
April 2, 2007

Date of Signature

AMENDMENT

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ARLINGTON, VIRGINIA 22313-1450

Dear Sir:

In response to the Office Action of January 3, 2007, please amend the above-identified application as follows.



PATENT
455610-2610.1

JFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Martin Miller
Serial No. : 10/688,661
For : METHOD AND APPARATUS FOR DETERMINING INTER-
SYMBOL INTERFERENCE FOR ESTIMATING DATA
DEPENDENT JITTER
Filed : October 17, 2003
Examiner : Ware, Cicely Q.
Art Unit : 2611

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	20	Minus	** = 20	* 0 x	\$50 (25)	= \$ 0.00
Independent claims	2	Minus	*** = 3	* 0 x	\$200 (100)	= \$00.00
Total additional fee for this amendment						\$00.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360 (180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$, which covers the cost of ☐ additional claims ☐ petition for extension of time.
☐ Terminal Disclaimer fee is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on April 2, 2007.

William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative

William S. Frommer
Signature

April 2, 2007

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

By:

William S. Frommer
William S. Frommer
Reg. No. 25,506
Tel: 212-588-0800